

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031222

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 112

FILED SEP 13 1963

1. PLACE OF DEATH

a. COUNTY

Barry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Monett

Length of stay in lb

8 wks

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

St Vincent's Hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Barry

Inside Limits

Yes ☐ No ☒

c. CITY
OR
TOWN

Shell Knob

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Herve

Middle Almer

Last Ray

4. DATE
OF
DEATH

Month September Day 6 Year 1963

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

11-22-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farming

10b. KIND OF BUSINESS OR INDUSTRY

farm

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Josh Ray

13b. MOTHER'S MAIDEN NAME

Leona Jordan

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Johnie Lightle Shell Knob, Missouri

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Metastatic Ca to Lungs
from Ca of Spinal
Column - probable prostate

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2-1962 to 9-1963 and last saw him alive on 9-6-1963
Death occurred at 7 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles F. Fine M.D.

22b. ADDRESS

Cassville, Missouri

22c. DATE SIGNED

9-7-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9-9-1963

23c. NAME OF CEMETERY OR CREMATORY

Owens Cemetery

23d. LOCATION (City, town, or county)

Barry County, Missouri

(State)

24. FUNERAL DIRECTOR

Culver's

ADDRESS

Cassville, Missouri

25. DATE RECD. BY LOCAL REG.

9/13/63

26. REGISTRAR'S SIGNATURE

Harold W. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

2200
p200

0
8
0
0

0-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Hembeck

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.